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Group Health Plans and Health Insurance Coverage Rules Relating to Status as a Grandfathered

Health Plan Under the Patient Protection and Afforable Care Act

Comment On: IRS-2010-0010-0001

Group Health Plans and Health Insurance Coverage: Interim Final Rules for Relating to Status as

a Grandfathered Health Plan under the Patient Protection and Affordable Care Act

Document: IRS-2010-0010-0040 Comment on FR Doc # 2010-14488

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General Comment

See attached file(s)

Attachments

IRS-2010-0010-0040.1: Comment on FR Doc # 2010-14488



August 5, 2010

Mr. Jay Angoff, Director
Office of Consumer Information and Insurance Oversight
Department of Health and Human Services
Room 445-G Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, DC 20201

Re: OCHO-991-IFC, The Interim Final Rules for Group Health Plans and Health Insurance Coverage Relating to Status as a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

Dear Director Angoff:

On behalf of the American Industrial Hygiene Association ("AIHA"), I appreciate the opportunity to comment on the Interim Final Rules regarding grandfathered health plans under the Patient Protection and Affordable Care Act. AIHA is a section 501(c)(6) non-profit professional society with just under 50 employees representing nearly 11,000 members in the field of worker health and safety.

Despite the obstacles to obtaining good, affordable health insurance coverage that confront small businesses in general, AIHA has been able to provide health insurance as a benefit to its employees. The ability to obtain, consider and implement competitive bids among insurance carriers and to adjust copays and cost sharing to keep premium increases at a minimum have been essential to our strategy for providing a health insurance benefit to employees. However, given that AIHA is in the small to medium company insurance market and is not a large enough entity to self-insure, we are at the mercy of the market with few options to control the cost of health insurance, at least until the availability of health insurance exchanges in 2014, if we want to maintain our grandfathered status. We fear that we can expect to continue to experience annual cost increases in the interim years. While we would like to grandfather our plan in order to be able to better control the quality of benefits that we offer to our staff, that may come at a very high, if not unaffordable, price for the organization if we cannot change insurance companies or change copays and cost sharing.

We are very concerned that the grandfather provisions outlined in the Interim Final Rules are too restrictive and will cause AIHA to lose the grandfathering status it would like to maintain for its staff. Anticipated increases in cost will force us to consider changing insurance companies or even dropping coverage, which is not the intent of the health care reform legislation. While there are subsidies available to small employers, these are not available to AIHA due to having more than 25 employees.

We suggest that in the transition period from 2010 to 2014 small and medium sized employers be allowed to make cost saving changes to copayments and cost sharing provided that they do not reduce the per-employee amount they pay for insurance. We also suggest that such employers be allowed to change insurance carriers prior to 2014 while maintaining grandfathered status.

Thank you for the opportunity to express our views on this important issue.

Sincerely,

Mary Ellen Brennan, SPHR Director, Human Resources